U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| scal Year Covered From:  1                           |
|--|
| 1 / 1 / 2004 Through: 12 / 21 / 2004                 |
| 1 / 1 / 2004 Illiough. 12 / 31 / 2004                |
| ame, file number, and address of labor organization. |
| ame laborers local 657                               |
| bor Organization File Number 022 405                 |
| O. Box, Building and Room Number, if any             |
| reet 5201 first pl ne                                |
| y washington   |
| ate District of Columbia ZIP Code + 4 20011          |
|  |
| ar<br>c<br>ty  |

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |                      |  |  |  |  |  |
|--|----------------------|--|--|--|--|--|
| 6. Name and address of Employer (including   | trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. |  |  |  |  |
| Name   |                      | ·  |  |  |  |  |
| Trade Name, if any:  |                      |  |  |  |  |  |
| P.O. Box, Bldg., Room No., if any  |                      |  |  |  |  |  |
| Street   |                      | 7.b. Amount.                                     |  |  |  |  |
| City   |                      |  |  |  |  |  |
| State  | ZIP Code + 4         |  |  |  |  |  |

## Signature

| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information   |
|---|
| submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the |
| undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  |

| Signed (Inchone a) Fraderick In | On | 8/15/2004 | 202.723.3366     |
|---------------------------------|----|-----------|------------------|
|                                 |    | Date      | Telephone Number |

| Name of Person Filing anthony frederick  | File Number <b>U-</b>  |       |       |  |  |
|--|--|-------|-------|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. |  |       |       |  |  |
| 8. Name and address of Business (including trade name, if any).  Name laborers district council trust fund  Trade Name, if any: laborers  P.O. Box, Bldg., Room No., if any suite 100  Street 4600 powder mill  City beltsville  State Maine ZIP Code + 4 20705  | 9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer  | ition |       |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  | 11.a. Nature of such deali   | ing.  |       |  |  |
| Name laborers district council trust fund  |  |       |       |  |  |
| Trade Name, if any: laborers   |  |       |       |  |  |
| P.O. Box, Bldg., Room No., if any suite 100  |  |       |       |  |  |
| Street 4600 powder mill dr   |  |       |       |  |  |
| City beltsville  | 11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  education and training (capitol stewardship) |       |       |  |  |
| State Maryland ZIP Code + 4 20705  |  |       |       |  |  |
|  |  |       |       |  |  |
|  | 12.b. Amount.  |       | \$905 |  |  |
| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money   |  |       |       |  |  |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).   | 14.a. Nature of payment.   |       |       |  |  |
| Name   |  |       |       |  |  |
| Trade Name, if any:  |  |       |       |  |  |
| P.O. Box, Bldg., Room No., if any  |  |       |       |  |  |
| Street   |  |       |       |  |  |
| City   |  |       |       |  |  |
| State ZIP Code + 4   |  |       |       |  |  |
| 13.b. Is the Business an Employer or Consultant?   | 14.b. Amount of payment.   |       |       |  |  |